Official Form 106H Schedule H: Your Codebtors Page 1 of 1

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Debtor 1				ļ		
	Anna Marie	Horstman		—		
Debtor 2						
(Spouse, if filing)						
United States Bankruptcy	y Court for the:	EASTERN DISTRICT C	PF PENNSYLVANIA,	— Check	if this is:	
			_	1		nded filing
						ment showing postpetition chapter ne as of the following date:
fficial Form 10				MM / D	D/ YYYY	,
chedule I: Yo	our Inco	me				12/
ouse. If you are separa	ated and you	r spouse is not filing wi		ation about y	our spo	use information about your use. If more space is needed, own). Answer every question.
Fill in your emploinformation.	oyment		Debtor 1		Debto	r 2 or non-filing spouse
you have more than one jo			■ Employed			Employed
eparate page with infor out additional employer		,	□ Not employed			Not employed
elude part-time, seasona	al, or	Occupation	Paralegal			
f-employed work.	Emp	oloyer's name	Delany McBride P.C.			
	tudent or Emp	oloyer's address	36 Euclid Street Woodberry NJ 0809	6		
occupation may include st memaker, if it applies.		oloyer's address	Woodberry NJ 08090			nt Information
memaker, if it applies.	e?	oloyer's address	Woodberry NJ 0809		_ nployme	nt Information
memaker, if it applies. w long employed there Part 2:	e? thly Income		2 2 years *See Attachment for	S Additional En		nt Information ce. Include your non-filing spouse u
Part 2: bout Montuinities out on the contuition of the contuition	e? thly Income e as of the dat	te you file this form. If you	Woodberry NJ 08090 2 2 years *See Attachment for any ou have nothing to report for any	S Additional En line, write \$0 i	n the spa	
w long employed there Part 2: timate monthly income u are separated. ou or your non-filing spore	e? thly Income e as of the dat	te you file this form. If you	Woodberry NJ 08090 2 2 years *See Attachment for any ou have nothing to report for any	S Additional En line, write \$0 i	n the spa	ce. Include your non-filing spouse ι
w long employed there Part 2: out Mont timate monthly income u are separated. ou or your non-filing spot ace, attach a separate s	e? thly Income e as of the dat use have more sheet to this fo	te you file this form. If you	Woodberry NJ 08090 2 2 years *See Attachment for any but have nothing to report for any bine the information for all employee all payroll	S Additional En line, write \$0 i	n the spa	ce. Include your non-filing spouse the lines below. If you need more
Part 2: out Mont timate monthly income u are separated. ou or your non-filing spot ace, attach a separate s	e? thly Income e as of the data use have more sheet to this fo	e than one employer, combrm. If you file this form. If you have than one employer, combrm. Ind commissions (before what the monthly wage was the commissions)	Woodberry NJ 08090 2 2 years *See Attachment for any but have nothing to report for any bine the information for all employee all payroll	Additional Ending Inc., write \$0 is given by the second se	n the spa	ce. Include your non-filing spouse the lines below. If you need more For Debtor 2 or non-filing spouse

Official Form 106l Schedule I: Your Income page 1

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Debtor 1	Horstman, Anna Marie			Case numbe	(if known)			
				For Debt	or 1	For Debto		
Conv li	ne 4 here		4.	<u>\$ 4675.0</u>	0	non-filing \$	spouse N/A	
Сору п	116 4 11616		 -	Ψ 10.0.0		*		
5. Li	st all payroll deductions:							
5a.	Tax, Medicare, and Social Security d	eductions	5a.	\$		\$	N/A	
5b.	Mandatory contributions for retireme	ent plans	5b.	\$	0.00	\$	N/A	
5c.	Voluntary contributions for retirement	nt plans	5c.	\$	0.00	\$	N/A	
5d.	Required repayments of retirement f	und loans	5d.	\$	0.00	\$	N/A	
5e.	Insurance		5e.	\$	0.00	\$	N/A	
5f.	Domestic support obligations		5f.	\$	0.00	\$	<u>N/</u> A	
5g.	Union dues		5g.	\$	0.00	\$	N/A	
5h.	Other deductions. Specify:		5h.+	\$	0.00	+ \$	N/A	
6. A c	dd the payroll deductions. Add lines 5a+5	b+5c+5d+5e+5f+5g+5h.	6.	\$ <u>18</u> 21	.00	\$	N/A	
5. C	Calculate total monthly take-home pay. S	ubtract line 6 from line 4.	7.	\$	054.00	S	N/A	
		6. List all ot	her income re	-				
	Net income from rental property and	from operating a business,		•				
	n, or farm							
	atement for each property and business show	ving gross receipts, ordinary an	nd					
Jessary	business expenses, and the total							
nthly ne	et income.		82	¢	0.00	¢	N/A	
•	st and dividends			\$	0.00	φ	N/A	
	nily support payments that you, a non-fili	ng spouse, or a dependent	OD.	Ψ	0.00	<u> </u>	<u>IVA</u>	
jularly r		5 - p - u - c, - c - u - u - p - c - u - u - u - u - u - u - u - u - u						
	mony, spousal support, child support, maint	enance, divorce	_	_		_		
	, and property settlement.		8c.	\$		\$	N/A	
	Unemployment compensation		8d.	\$		\$	N/A	
	Social Security Other government assistance that yo		8e.	\$	0.00	\$	N/A	
ch as foo	sh assistance and the value (if known) of any od stamps (benefits under the Supplementa ibsidies.	non-cash assistance that you r						
ecify:			8f.	\$	0.00	\$	N/A	
	Pension or retirement income		8g.	\$	0.00	\$	N/A	
	Other monthly income. Specify: Fig.	ance	8h	+ \$	500.00	+ \$	N/A	
		7. Add all oth	orinoomo A	lat lings 90 i		04 0f 1 0 a 1 0k		
		7. Add all oth	er income. At	10 111 E 5000.	<u>, jo</u>	8 \$ 8f+8g+8l	. <u>N/A</u>	
					$\neg au$		<u> </u>	
8. C a	alculate monthly income. Add line 7 + line		10. \$	4054.00	···· • + \$_	N/		L.00
		Add the entries in	line 10 for Del	otor 1 and E	Debtor 2 or r	on-filing spo	use.	
	trib, this as forces as a consequence of a subsequence of					expenses th	nat you list in So	chedu
nds or r	ntributions from an unmarried partner, memberelatives.					. /		
not incit ecify:	ude any amounts already included in lines 2-1	ro or arriourits trial are not avalla	able to pay exp	C11969 119160	ını əcri c aule	∌ <i>J</i> . 11	. +\$	0.00
COITY.							- Ψ	<u> </u>
ite that a	10. Add the ar amount on the <i>Summary of Schedules</i> and S	mount in the last column of li					combined month \$ 4,96	
	•	and the second s		J.G.OGDala	, n applico			
mbined	monthly income	44 D =	u ovnoct on !	orooco o= :	loorocce ···	ithin tha	r ofter ven file t	hio fo
		TT. Do you	u expect an in	crease of 0	ieci ease W	iumi me yea	r after you file t	1115 101
_	No.							

Official Form 106l Schedule I: Your Income page 2

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Debtor 1	Horstman, Anna Marie	Case number (if known)	

Official Form B 6l Attachment for Additional Employment Information

Debtor		
Occupation		
Name of Employer	Delancy McBride PC	
How long employed	2 years	
Address of Employer 36 Euclid St Woodbury, NJ 08096-4626		

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